

Access to DPPC Records

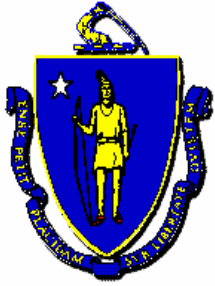
The records of the Disabled Persons Protection Commission (DPPC), including Investigation Reports and any other documents maintained by and within the custody of DPPC have been determined by the Supervisor of Public Records **not to be** "public records." Therefore all DPPC documents before being released must comply with the requirements of the laws and regulations under which DPPC operates regarding the protection of confidential and personally identifiable information

Investigation reports are not automatically mailed to individuals involved in the investigation. The DPPC requires that all requests for investigation reports be made in writing. The only exception to this policy is those individuals against whom there is a finding of substantiated abuse. For individuals against whom there is a finding of substantiated abuse, DPPC is mandated to provide a copy of the investigation report ten days prior to the public issuance of the report. All other individuals interested in receiving a copy of an investigation report must make that request in writing.

All requests for a DPPC Investigation Report or document must be made in writing to:

The Office of the General Counsel
Disabled Persons Protection Commission
50 Ross Way
Quincy, MA 02169

To facilitate your request for DPPC documents you should use the Request for Records and Non - Disclosure Statement Form attached below.



The Commonwealth of Massachusetts Disabled Persons Protection Commission

Request for Records and Non-Disclosure Statement

I, _____, request a copy of the investigation report completed for the Disabled Persons Protection Commission, (DPPC) pursuant to M.G.L. c. 19C. The DPPC Case Number is _____.

This investigation was conducted by _____.

My relationship to the Alleged Victim or Alleged Abuser involved in this case is as follows:

Please forward a copy of the requested report to me at the following address:

I understand that any and all information contained in said Investigation Report is strictly confidential and do hereby agree that I shall not, in any manner, disclose the contents, or any portion of the Report to any person other than to my legal representative. I further understand that disclosure to any person other than my legal representative acting on my behalf in this matter may result in appropriate legal and/ or administrative action.

Date

Name of Requestor (Printed)

Witness Signature

Signature of Requestor

If requesting party is guardian for the alleged victim of abuse or other person with a disability involved in the case, please attach a copy of your guardian appointment papers.

Return completed form to:

Office of the General Counsel
Disabled Persons Protection Commission
50 Ross Way, Quincy, MA 02169